

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 114
Registered No. 478

1. PLACE OF BIRTH

County Sila State _____
District or Township _____ or Village _____
City Miami No. 76 West Sprm St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Maria de los Angeles Acero { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female To be answered ONLY In event of plural births. 4. Twin, triplet or other _____ 5. Legitimate? Yes 6. Date of birth November 6-1927
Month Day Year

8. FATHER Full name Angel Acero 14. MOTHER Full maiden name Maria Perez

9. Residence (Usual place of abode) Miami 15. Residence (Usual place of abode) Miami
If non-resident, give place and state.

10. Color or race White 11. Age at last birthday 27 (Years) 16. Color or race White 17. Age at last birthday 23 (Years)

12. Birthplace (city or place) Paso de Sotro 18. Birthplace (city or place) Teocatlche
(State or country) Jalisco, Mexico (State or country) Jalisco, Mexico

13. Occupation Merchant 19. Occupation house wife
Nature of industry

20. Number of children of this mother 3 (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum? argyrol

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 10 1/2 p m. on the date above stated
(Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
Signature James Alvarado (Physician or midwife)

Given name added from _____ Address P.O. 1666 Miami

Month, day, year _____ Filed Nov 11 1927 Registrar R. E. Orr

Registrar

Registrar

416-1106-479